

Wealth

continued from page 1

that has been successful in Silicon Valley. "We're not trying to reinvent the wheel; we're trying to say, 'Hello! This community wants to be a part of this.' We are focusing on the solution to job growth and wealth creation in urban sectors...our first goal is to create a \$10 million investment fund that will target urban innovation."

The civil rights movement fought momentous legal and constitutional battles to secure equal rights for all under the law. But, with large numbers of African Americans stuck in unemployment and poverty, the economic battle remains to be won.

That's why creating a culture that supports technology investment and growth, will take more than education, Green says. Black Americans specifically, are disconnected from the structures that create wealth in America.

Of the 1.9 million Black businesses, 1.8 million are sole proprietors and unlikely to deliver the rapid job that will change the state of play.

"High-growth entrepreneurship is where job growth occurs," Green says. "And Black America has innovators; they are out there beating the bushes for capital."

A dedicated fund and a network of African American venture capitalists and 'angels' could do more to support Black innovators, he says.

The Nielsen report on African American consumer spending found that Black Americans have nearly a trillion in spending power, Green notes.

Hear Mike Green in person at *The Skanner Foundations's* 26th annual Dr. Martin Luther King Jr. Breakfast

"The question is why are we are we not investing some of that trillion in our own innovators, in our own high-growth sector?"

This isn't about adding debt, he stressed. It's not about loans from banks or the Small Business Administration. Venture capitalists and angels take risks on startup businesses in exchange for a share of the profits.

Government can create a few jobs, but it can't do the work of private investors who finance in new ideas and technologies. And that's where the real growth is. Green says.

The next big step for the 'The America 21 Project' is a two-day forum planned for Nov 15 and 16 at Rutgers University. Organized in partnership with the university's Center for Urban Entrepreneurship & Economic Development, in Newark, NJ, the forum seeks to bring together high-net worth (or rich to me and you) people, to discover what it means to become a venture capitalist or angel, and to hear success stories.

"We're issuing a call to action," said Green. "We're calling on high net worth individuals – Black, Brown or anybody interested in urban innovation. We want them to be at Rutgers November 15th and 16th."

"We need Black folks to step up to the plate and say 'I can write a check for \$500 or \$1000. We know if we have trillion in spending power that we can afford to focus in on Urban Enterprise and job growth.'"

Everyone, in fact, can do something to support wealth creation and job growth in minority communities, Green said. Students can aspire to becoming technology innova-



Mike Green

tors and inventors. Everyone can encourage youth to study and excel in the STEM subjects: Science, Technology, Engineering and Math.

"We have hills to climb in ensuring our children have support to have a STEM education," he says.

If Green can raise \$10,000 in the next 5-7 days, Oregonians in Portland and Salem may get a sneak preview of a CNN film on the issue and Green's presentation. He's working with Willamette University, the Urban League and the Urban Entrepreneurs Network to host simultaneous events, Nov 8, in Salem and Portland.

Carter

continued from page 1

Deputy Director for Human Services Programs at the Oregon Department of Human Services.

In 1989, she was instrumental in establishing the Cascade Campus Skill Center, which was renamed in her honor in 2007.

"I came to PCC and moved on," she

'Sen. Carter's history with the college and the campus is deep and abiding, and it's only fitting that we name a building in her honor'

-- PCC Cascade President Algje Gatewood

said. "My children came to PCC and moved on. My grandchildren came to PCC and moved on. And with 15 great-grandchildren, I am sure that PCC will help generate educational opportunities for a third generation of my family. Kudos to PCC and its 'opportunity thinking.'"

Pain

continued from page 1

developing permanent, chronic pain as a result of either failure to diagnose in a timely fashion or being diagnosed inappropriately. And so the goal of the talk was basically to empower patients, give them information so that they could make smart decisions about their healthcare and letting them know that, yes sometimes it can be difficult to get in to see a specialist such as a neurosurgeon but there are some that are readily available. I count myself among them.

TSN: What would you say in your experience is the most common source of neck pain that you treat?

Roberts: I would say the majority of people that we see in clinic typically fall into one of two categories: either they've got a past history of being involved in a car accident or having a similar kind of other whiplash-involved injury. And what will happen is they will have the injury, and they won't have significant pain or they won't have any numbness or weakness, and so in a lot of cases they don't get evaluated and then a year or two years later they develop a recurrence of the symptoms – a worsening pain, and then at that point, they go in to see their primary care or physical therapist, and then you get referred over. That's one category.

Another category of people that spend a lot of time working at a desk, flexing their neck as they're working at a computer, or otherwise turning their neck in a way that they're having a repetitive injury as a result.

And so those are the two broad categories we see with neck pain.

Also, too, headache can be associated with neck pain, so we'll also see people who have been diagnosed with either

migraine headache or chronic headache, and that also turns out to be coming from their neck. And so again, most people need to be diagnosed appropriately.

TSN: So I get that there are a lot of people out there who think that it's no big deal, even if it goes on for a long time.

Roberts: Precisely. And what'll happen, people will come to accept daily pain. And that's one of the other messages that I was

'I would say over 50 percent of the people I see tend to have had the symptoms for years'

trying to deliver to the community, is that it is not normal to have pain and headache on a regular basis. That is something that people get accustomed to, they accept it, and unfortunately it doesn't go away. I would say over 50 percent of the people I see tend to have had the symptoms for years. It's unfortunate because that's a period of time when perhaps they would have been able to live free of pain and not have to deal with some of those issues.

It's really amazing when you see someone who's had pain for years and years and years, and you diagnose them and treat them, and the pain goes away. The look on their face is unmistakable. They think, wow, I just wasted – not wasted, but I just spent the last four years dealing with this problem, now it's all gone, and it would have been great to have had this treated at the beginning.

TSN: And I bet that there are so many people out there who are afraid of the doctor, who are afraid of going to the doctor. But what I hear you saying is that people are trading off their chronic pain just for the fear of being treated.

Roberts: Correct, and I think that is definitely true. That is actually something that specialists such as myself need to work on in terms of community engagement and let-

ting people know that just because you see a surgeon that doesn't mean you're going to have surgery. And I think that is where we have to do a better job of making ourselves available and educating patients.

TSN: The other obvious question is why would a brain surgeon have anything to do with neck or spinal pain? What is your work there?

Roberts: That is a common misperception about neurosurgeons. Neurosurgeons, while we do work on the brain, we work on the entire spine. So sometimes people mistake that and feel that if they have a spinal problem they should just get an orthopedic specialist, but neurosurgeons do, and are very comfortable with, treating problems of the spine. So that is a very common misperception, and again, that's incumbent on a specialty to really educate the community and

let people know that if you have a spine problem, we'll treat that, and if you have a cranium problem, we'll treat that as well.

TSN: What's the first step people should take if they want to find out about the medical options available for them?

Roberts: I think really the first step that people sometimes take is they contact their primary care. I think that is definitely a wise choice, but if for some reason they are not experiencing relief, or they are not diagnosed, then in some cases it's good for patients to seek their answers, and I think that an appointment with a neurosurgeon, like I said, is not the easiest thing to do, but there are some neurosurgeons who will see patients without a referral from a primary care. So this clinic here is one of those, we will see patients if they call us directly. And I think if patients have a particular combination of symptoms – neck pain, headaches and numbness/weakness – it's incumbent on the patient to be diagnosed, because that can indicate a nerve that's being pinched, a disc herniation, stenosis, and I think that if they have on the other hand a flare-up of pain that only lasts a day or two and then completely resolves, then it's less concerning. Typically it becomes an issue when people are reporting daily pain or numbness or weakness that's not getting better. In that scenario it's critical that patients are diagnosed and typically the way that we do that in our clinic are with x-rays and an MRI.

Dr. Roberts is with the Aspen Spine and Neurosurgery Center affiliated with Legacy Meridian Park Medical Center. Find out more about them at <http://aspenspineandneuro.com/>.